

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AMENDED		AMENDED	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					

	AS FILED		AMENDED		AMENDED	
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